## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

**CLAIMS AS FILED - PART I** 

Application or Docket Number

10064478

| CLAIMS AS FILED - PART I<br>(Column 1)                        |  |   |                  |                               | (Column 2)                        |                  |              | SMALL ENTITY TYPE   |                                       |                         | OTHER THAN OR SMALL ENTITY |                        |  |
|---|--|---|------------------|-------------------------------|-----------------------------------|------------------|--------------|---------------------|---------------------------------------|-------------------------|----------------------------|------------------------|--|
| TOTAL CLAIMS  |  |   | 21               |                               |                                   |                  | 1            | RATE                | FEE                                   |                         | RATE                       | FEE                    |  |
| FOR   |  |   | NUMBER FILED     |                               | NUMBE                             | R EXTRA          |              | BASIC FEE           | 370.00                                | OR                      | BASIC FEE                  | 740.00                 |  |
| TOTAL CHARGEABLE CLAIMS                                       |  |   | 2 ( minus 20=    |                               | * /                               |                  |              | X\$ 9=              | 9                                     | OR                      | X\$18=                     |                        |  |
| INDEPENDENT CLAIMS  |  |   | / minus 3 =      |                               | * Ø                               |                  |              | X42=                |                                       | OR                      | X84=                       |                        |  |
| MU  | LTIPLE DEPENI  | DENT CLAIM PI                             | RESENT           |                               |                                   |                  |              | +140=               |                                       | OR                      | +280=                      |                        |  |
| * If the difference in column 1 is less that                  |  |   |                  | n zero, enter "0" in column 2 |                                   |                  |              | TOTAL               | 379                                   | OR                      | TOTAL                      |                        |  |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3) |  |   |                  |                               |                                   |                  | SMALL ENTITY |                     |                                       | OTHER THAN SMALL ENTITY |                            |                        |  |
| AMENDMENT A   |  | CLAIMS<br>REMAINING                       |                  | HIGH<br>NUM<br>PREVI          | GHEST JMBER PRESENT VIOUSLY EXTRA |                  |              | RATE                | ADDI-<br>TIONAL<br>FEE                | OR                      | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus            | **                            | •                                 |                  |              | X\$ 9=              | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | OR                      | X\$18=                     |                        |  |
|   | Independent  | * // // // // // // // // // // // // //  | Minus            | ***                           | T CLAIM                           | = - 1/2          |              | X42=                |                                       | OR                      | X84=                       | 多数数                    |  |
|   | FIRST PRESE  | NTATION OF M                              | ULTIPLE DEF      | ENDEN                         | IT CLAIM                          |                  |              | +140=               |                                       | OR                      | +280=                      | ~ ;:                   |  |
|   |  |   |                  |                               |                                   |                  | . '          | TOTAL<br>ADDIT. FEE |                                       | OR                      | TOTAL<br>ADDIT. FEE        |                        |  |
|   |  | (Column 1)                                |                  |                               | ımn 2)                            | (Column 3)       |              |                     |                                       |                         |                            |                        |  |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | NUM<br>PREV                   | HEST<br>MBER<br>IOUSLY<br>D FOR   | PRESENT<br>EXTRA |              | RATE                | ADDI-<br>TIONAL<br>FEE                | -                       | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus            | **                            |                                   | =                |              | X\$ 9=              |                                       | OR                      | X\$18=                     |                        |  |
|   | Independent  | *   | Minus            | ***                           |                                   | =                |              | X42=                |                                       | OR                      | X84=                       |                        |  |
| L   | FIRST PRESE  | NTATION OF M                              | ULTIPLE DEI      | PENDEN                        | IT CLAIM                          | Ц_               | J            | +140=               |                                       | OR                      | +280=                      |                        |  |
|   |  |   |                  |                               |                                   |                  |              | TOTAL<br>ADDIT. FEE |                                       | OR                      | TOTAL<br>ADDIT. FEE        |                        |  |
|   |  | (Column 1)                                |                  | (Colu                         | umn 2)                            | (Column 3)       |              | AUUII. FEE          |                                       |                         | ADDIT. I EL                |                        |  |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | HIG<br>NUI<br>PREV            | HEST<br>MBER<br>YOUSLY<br>D FOR   | PRESENT<br>EXTRA |              | RATE                | ADDI-<br>TIONAL<br>FEE                |                         | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus            | **                            |                                   | =                |              | X\$ 9=              |                                       | OR                      | X\$18=                     |                        |  |
|   | Independent  | *   | Minus            | ***                           |                                   | =-               |              | X42=                |                                       | OR                      | X84=                       |                        |  |
| Ľ   | FIRST PRESE  | NTATION OF M                              | IULTIPLE DE      | PENDE                         | NT CLAIM                          |                  | J            | +140=               |                                       | 1                       | +280=                      |                        |  |
|   | If the entry in colu   | mn 1 is less than                         | the entry in col | umn 2, wr                     | ite "0" in co                     | olumn 3.         |              | +140=<br>TOTAL      |                                       | OR                      | TOTAL                      |                        |  |
| **  | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE THE "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |                  |                               |                                   |                  |              |                     |                                       |                         |                            |                        |  |